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| Fill in this information to identify your case: | | |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|------|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on | Willie | Rosalia |
| pict | your government-issued picture identification (for example, your driver's | First name | First name |
| | license or passport). | Middle name | Middle name |
| | Bring your picture | Thomas, Jr. | Atienza |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3337 | xxx-xx-7626 |

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Debtor 1 Willie Thomas, Jr.
Debtor 2 Rosalia Atienza

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|----|--|---|---|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ■ I have not used any business name or EINs. Business name(s) | | |
| | | EINs | EINs | | |
| 5. | Where you live | 3952 N. Octavia Avenue Chicago, IL 60634-3516 | If Debtor 2 lives at a different address: | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Cook County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |

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Debtor 2 Rosalia Atienza Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. When District Case number District When Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? ☐ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Willie Thomas, Jr.

Debtor 1

Case 17-06114 Doc 1 Filed 02/28/17 Entered 02/28/17 21:49:19 Desc Main Debtor 1 Willie Thomas, Jr.

| Deb | otor 2 Rosalia Atienza | | | | Case number (if known) | | |
|-----|---|----------|-----------------------------------|---|---|-----|--|
| | | | | | | | |
| Par | t 3: Report About Any Bu | sinesses | You Own | as a Sole Proprie | ietor | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | and location of bus | usiness | | |
| | A sole proprietorship is a | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | Number, Street, City, State & ZIP Code | | | |
| | it to this petition. | | Check | c the appropriate bo | pox to describe your business: | | |
| | | | | Health Care Busin | siness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Rea | al Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as d | defined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broke | ker (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | ve | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline | s. If you in s, cash-fl | e court must know whether you are a small business debtor so that it can set appropria e a small business debtor, you must attach your most recent balance sheet, statement d federal income tax return or if any of these documents do not exist, follow the procedu | of | | |
| | For a definition of <i>small</i> | ■ No. | I am not filing under Chapter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fi Code. | | er 11, but I am NOT a small business debtor according to the definition in the Bankrupt | су | |
| | | ☐ Yes. | I am fi | ling under Chapter | er 11 and I am a small business debtor according to the definition in the Bankruptcy Co | de. | |
| Par | t 4: Report if You Own or | Have Any | Hazardo | us Property or An | ny Property That Needs Immediate Attention | | |
| 14. | Do you own or have any property that poses or is | ■ No. | | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | | |
| | public health or safety? Or do you own any property that needs | | If immed | liate attention is | | | |
| | immediate attention? | | | why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | | |
| | | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

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Debtor 1 Willie Thomas, Jr.

Debtor 2 Rosalia Atienza Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-06114 Doc 1 Filed 02/28/17 Entered 02/28/17 21:49:19 Desc Main Document Page 6 of 64

| | tor 2 Rosalia Atienza | | | | Case nu | umber (if known) | | | |
|--------|---|--|--|---|-----------------------------------|-----------------------------------|---|--|--|
| Par | 6: Answer These Questi | ons for Rep | orting Purposes | | | | | | |
| 16. | What kind of debts do you have? | | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | | |
| | | [| ☐ No. Go to line 16b. | | | | | | |
| | | ı | ■ Yes. Go to line 17. | | | | | | |
| | | 16b. A | Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | | |
| | | [| ☐ No. Go to line 16c. | | | | | | |
| | | | Yes. Go to line 17. | | | | | | |
| | | 16c. S | State the type of debts you owe th | nat are not consun | ner debts or bu | siness debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. I | am not filing under Chapter 7. G | o to line 18. | | | | | |
| a F | Do you estimate that after any exempt property is excluded and administrative expenses | – 163. | am filing under Chapter 7. Do yo rre paid that funds will be availab | | | | and administrative expenses | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ⊒ Yes | | | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-199 □ 200-999 | | □ 1,000-5,000 □ 5001-10,000 □ 10,001-25,00 | | ☐ 25,001 ☐ 50,001 ☐ More th | | | |
| 19. | How much do you estimate your assets to be worth? | \$100,00 | 0,000 - \$100,000 11 - \$500,000 11 - \$1 million | \$1,000,001 - \$10,000,001 \$50,000,001 \$100,000,000 | - \$50 million - \$100 million | □ \$1,000 □ \$10,00 | 00,001 - \$1 billion ,000,001 - \$10 billion 0,000,001 - \$50 billion nan \$50 billion | | |
| 20. | How much do you estimate your liabilities to be? | \$100,00 | 0,000 1 - \$100,000 11 - \$500,000 11 - \$1 million | \$1,000,001 - \$10,000,001 \$50,000,001 \$100,000,000 | - \$50 million - \$100 million | □ \$1,000 □ \$10,00 | 00,001 - \$1 billion 0,000,001 - \$10 billion 00,000,001 - \$50 billion han \$50 billion | | |
| Pari | 7: Sign Below | | | | | | | | |
| For | you | I have exar | mined this petition, and I declare | under penalty of p | erjury that the i | information provided | is true and correct. | | |
| | | | osen to file under Chapter 7, I an es Code. I understand the relief a | | | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | |
| | | I request re | lief in accordance with the chapte | er of title 11, Unite | ed States Code, | , specified in this peti | tion. | | |
| | | bankruptcy and 3571. | d making a false statement, conc case can result in fines up to \$29 | | nment for up to | 20 years, or both. 18 | | | |
| | | Willie The Signature of | | | Rosalia Atie Signature of D | enza | | | |
| | | Executed of | February 28, 2017 MM / DD / YYYY | | Executed on | February 28, 201 | 7 | | |

| Dahtan 1 | Willia Thomas Jr | .011. 2 | Docume | ent Page | 7 of 64 | | 2000 |
|----------------------|--|-------------------|------------------------------|-------------------|-------------------------------|------------------------|--|
| Debtor 1 Debtor 2 | Willie Thomas, Jr. Rosalia Atienza | | | | Case | e number (if known) | |
| | | | | | | | |
| | attorney, if you are ed by one | under Chapte | er 7, 11, 12, or 13 of title | 11, United States | Code, and have e | explained the relief a | (s) about eligibility to proceed vailable under each chapter equired by 11 U.S.C. § 342(b) |
| • | not represented by ey, you do not need s page. | and, in a cas | | | y that the information in the | | |
| | | /s/ Joseph | P. Doyle | | Date | February 28, 20 | 017 |
| | | Signature of | Attorney for Debtor | | | MM / DD / YYYY | |
| | | Joseph P. | Doyle | | | | |
| | | Printed name | | | | | |
| | | Law Office | of Joseph P. Doyle L | LC. | | | |
| | | Firm name | | | | | |
| | | 105 S. Ros | elle Road, Suite 203 | | | | |
| | | Schaumbu | ırg, IL 60193 | | | | |
| | | Number, Street, 0 | City, State & ZIP Code | | | | |
| | | Contact phone | 847-985-1100 | | Email address | joe@fightbill | s.com |

6277393 Bar number & State

| | | 17/1/1111 | .111 1 7000. 10 1014 | |
|---|-------------------------|-------------------|----------------------|---------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Willie Thomas, Jr | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Rosalia Atienza | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets | | |
|-----|---|-------------|---------------------------|
| | | Your a | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 230,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 46,892.05 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 276,892.05 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 276,953.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 70,427.38 |
| | Your total liabilities | \$ | 347,380.38 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,872.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,838.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | l, family, or |

the court with your other schedules.

Official Form 106Sum

Summary of Yo

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

Debtor 1 Willie Thomas, Jr.
Debtor 2 Rosalia Atienza Document Page 9 of 64

Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | al claim |
|--|------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Casi | e 17-06114 | Doc 1 | Filed 02/28/17 Document | Entered 02/28/1 Page 10 of 64 | 7 21:49:19 | Desc | , IVIaIII |
|------------------------|--|--|---|--|--|--|--|--|
| Filli | in this informa | tion to identify | your case and th | | | | | |
| Debt | tor 1 | Willie Thoma First Name Rosalia Atier | Middle | Name | Last Name | | | |
| | ise, if filing) | First Name | | Name | Last Name | | | |
| Unite | ed States Bankı | ruptcy Court for t | the: NORTHER | N DISTRICT OF ILLIN | NOIS | | | |
| Case | e number | | | | - | | | Check if this is an amended filing |
| _ | | n 106A/B A/B: Pr | | | | | | 12/15 |
| n eac hink nforn | ch category, sepait fits best. Be a nation. If more ser every question | arately list and de s complete and a pace is needed, a n. | escribe items. List a ccurate as possibl attach a separate sh | e. If two married people neet to this form. On the | an asset fits in more than one e are filing together, both are e top of any additional pages on or Have an Interest In | equally responsible | for suppl | e category where you lying correct |
| | | , | | | | | | |
| _ | No. Go to Part 2. | , , , , | uitable interest in a | ny residence, building, | land, or similar property? | | | |
| _ | Yes. Where is th | | | | | | | |
| | | o proporty. | | | | | | |
| 1.1 | 2052 N. Oote | , , , | | What is the property | /? Check all that apply | | | |
| 1.1 | 3952 N. Octa Street address, if av | , , , | cription | Single-family b | nome | the amount of any | secured cl | s or exemptions. Put aims on Schedule D: Secured by Property. |
| 1.1 | | avia Avenue | 60634-3516 ZIP Code | Single-family h Duplex or mult Condominium Manufactured Land Investment pro | nome ti-unit building or cooperative or mobile home | the amount of any | secured cl ve Claims s the C | aims on Schedule D: |
| 1.1 | Street address, if av | avia Avenue vailable, or other desc | 60634-3516 | Single-family h Duplex or multi Condominium Manufactured Land Investment pro Timeshare Other Who has an interest | nome ti-unit building or cooperative or mobile home | Current value of t entire property? \$230,000 Describe the natu (such as fee simp a life estate), if kn | secured cl ve Claims in the Control of the Control | aims on Schedule D: Secured by Property. Current value of the portion you own? |
| | Street address, if av | avia Avenue vailable, or other desc | 60634-3516 | Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other | nome ti-unit building or cooperative or mobile home | Current value of t entire property? \$230,000 Describe the natu (such as fee simp | secured cl ve Claims in the Control of the Control | aims on Schedule D: Secured by Property. Current value of the portion you own? \$230,000.00 |
| 1.1 | Street address, if a | avia Avenue vailable, or other desc | | Single-family h Duplex or mult Condominium Manufactured | nome ti-unit building or cooperative | the amount of any Creditors Who Have | secured cl ve Claims | aims on Schedule Secured by Prope Current value of t |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$230,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Entered 02/28/17 21:49:19 Case 17-06114 Doc 1 Filed 02/28/17 Desc Main Document Page 11 of 64 Willie Thomas, Jr. Debtor 1 Debtor 2 Rosalia Atienza Case number (if known) 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put **GMC** 3 1 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Yukon 1/2 Ton V-8 Model: Debtor 1 only Creditors Who Have Claims Secured by Property. 2003 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 175,000 Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Paid in Full - Full Coverage \$3,825.00 \$3,825.00 **Auto Insurance** ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Toyota Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: RAV4 Debtor 1 only Creditors Who Have Claims Secured by Property. Model: 2015 Year: Debtor 2 only Current value of the Current value of the 20,000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: lacksquare At least one of the debtors and another Current/Reaffirm - Full \$23,000.00 \$23,000.00 ☐ Check if this is community property **Coverage Auto Insurance** (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$26,825.00 .pages you have attached for Part 2. Write that number here.....= Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☐ No Yes. Describe..... Miscellaneous used household goods and furnishings - 4 beds, 3 dressers, 1 small dining room table, 1 couch, 1 love seat, 1 coffee \$800.00 table, 3 lamps 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices

including cell phones, cameras, media players, games

☐ No

Yes. Describe.....

3 Flat Screen TVs, 1 computers, 2 cell phones,

\$500.00

| | | Case 17-06 | 5114 | Doc 1 | Filed 02/28/17 Document | Entered 02/28/17 21:49:19 Page 12 of 64 | Desc Main |
|-----|-----------------------------------|---|--------------------|---------------|----------------------------|--|---|
| | ebtor 1 ebtor 2 | Willie Thomas Rosalia Atienz | | | | Case number (if known, | |
| | Example No | bles of value es: Antiques and fig other collection Describe | | | | oks, pictures, or other art objects; stamp, coir | n, or baseball card collections; |
| | | | Books, | Pictures, a | nd CD's | | \$250.00 |
| 10. | ■ No □ Yes. Firearm Example ■ No | musical instrum Describe | aphic, ex nents | ercise, and c | ther hobby equipment; l | bicycles, pool tables, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| 11. | □ No ´ | | nes, furs, | leather coats | s, designer wear, shoes, | accessories | |
| | | | Wearing | g Apparel | | | \$1,000.00 |
| 12. | □ No | bles: Everyday jewe | • | | | ding rings, heirloom jewelry, watches, gems, | |
| _ | | | Miscella | aneous Co | stume Jewelry | | \$500.00 |
| 14. | Examp ■ No □ Yes. Any otl ■ No | rm animals oles: Dogs, cats, bir Describe her personal and | househo | old items you | ı did not already list, iı | ncluding any health aids you did not list | |
| 15 | | | | | om Part 3, including a | ny entries for pages you have attached | \$3,050.00 |
| Pa | rt 4: Des | scribe Your Financia | al Assets | | | | |
| Do | you ow | n or have any leg | al or equ | uitable inter | est in any of the follow | ing? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | □ No | | | | our home, in a safe depo | osit box, and on hand when you file your peti | tion |
| | | | | | | Cash on Hand | \$40.00 |

page 3

Entered 02/28/17 21:49:19 Case 17-06114 Doc 1 Filed 02/28/17 Desc Main Page 13 of 64 Document Willie Thomas, Jr. Debtor 1 Debtor 2 Rosalia Atienza Case number (if known) 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **Checking account with Harris Bank** \$2,900.00 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) / Retirement plan through employer -\$300.00 100% exempt. 401(k) thru Work - 100% exempt \$11,000.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them...

Best Case Bankruptcy

Case 17-06114 Doc 1 Filed 02/28/17 Entered 02/28/17 21:49:19 Desc Main Document Page 14 of 64 Willie Thomas, Jr. Debtor 1 Debtor 2 Rosalia Atienza Case number (if known) 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you □ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... Estimated 2016 tax refund of \$5,200.00 has been received before filing \$0.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Whole Life Insurance policy through Met Life - (\$861.90 cash surrender value) - co-debtor has an outstanding loan against it and the adult daughter is the insured and the co-debtor owns \$861.90 it and she is the beneficiary Whole Life insurance policy through MetLife. Present cash surrender value \$226.96 is \$226.96. - Husband is the beneficiary Whole Life insurance policy through MetLife. Present cash surrender value is \$1328.00. - Adult Daughter is the \$1,328.00 beneficiary Whole Life insurance policy through

Official Form 106A/B Schedule A/B: Property page 5

MetLife. Present cash surrender value

is \$360.19. - Wife is the beneficiary

\$360.19

| | Case 17-06114 | DOC 1 F | -11ed 02/28/17 Document | Page 15 of 64 | Desc Main |
|----------------------|--|---------------------|----------------------------|---|------------------------|
| Debtor 1 Debtor 2 | Willie Thomas, Jr. Rosalia Atienza | | Document | Case number (if known | |
| If you some | nterest in property that is duare the beneficiary of a livingene has died. S. Give specific information | | | ed surance policy, or are currently entitled to re | ceive property because |
| Exar ■ No | ns against third parties, who mples: Accidents, employments. Describe each claim | | | it or made a demand for payment s to sue | |
| ■ No | r contingent and unliquidates. Describe each claim | ed claims of ev | ery nature, includin | g counterclaims of the debtor and rights | to set off claims |
| ■ No | inancial assets you did not s. Give specific information | already list | | | |
| for | Part 4. Write that number he | ere | | ny entries for pages you have attached | \$17,017.05 |
| Part 5: | Describe Any Business-Related | Property You Ow | n or Have an Interest I | In. List any real estate in Part 1. | |
| | u own or have any legal or equi | table interest in a | ny business-related p | roperty? | |
| _ | Go to Part 6. | | | | |
| ☐ Yes. | Go to line 38. | | | | |
| | Describe Any Farm- and Comme you own or have an interest in fa | | | n or Have an Interest In. | |
| 46. Do y o | ou own or have any legal or | equitable inter | est in any farm- or o | commercial fishing-related property? | |
| ■ No | o. Go to Part 7. | · | • | | |
| ☐ Ye | es. Go to line 47. | | | | |
| Part 7: | Describe All Property You | Own or Have an I | nterest in That You Dic | Not List Above | |
| Exar | ou have other property of an imples: Season tickets, country | | | | |
| ■ No | s. Give specific information | | | | |
| <u> </u> | s. Give specific information | •••• | | | |

Official Form 106A/B Schedule A/B: Property page 6

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Willie Thomas, Jr. Debtor 1 Debtor 2 Rosalia Atienza Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$230,000.00 56. Part 2: Total vehicles, line 5 \$26,825.00 Part 3: Total personal and household items, line 15 57. \$3,050.00 Part 4: Total financial assets, line 36 58. \$17,017.05 Part 5: Total business-related property, line 45 59. \$0.00

\$0.00

\$0.00

52. **Total personal property.** Add lines 56 through 61... **\$46,892.05** Copy personal property total

\$46,892.05 Copy personal property total **\$46,892.05**

63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 6: Total farm- and fishing-related property, line 52

Part 7: Total other property not listed, line 54

\$276,892.05

Official Form 106A/B Schedule A/B: Property page 7

| | | | III FAUE 17 ULU4 | | |
|---------------------|--------------------------|-------------------|------------------|---|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Willie Thomas, Ji | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Rosalia Atienza | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | [| ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify t | he Property | You Claim as | Exempt |
|---------|------------|-------------|--------------|--------|
|---------|------------|-------------|--------------|--------|

| 1. | Which set of exem | ptions are you claimi | ig? (| Check one only. | even if | your spouse is filin | g with | you. |
|----|-------------------|-----------------------|-------|-----------------|---------|----------------------|--------|------|
|----|-------------------|-----------------------|-------|-----------------|---------|----------------------|--------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | ount of the exemption you claim | Specific laws that allow exemption |
|--|--|--|------------------------------------|
| 3952 N. Octavia Avenue Chicago, IL 60634-3516 Cook County Line from Schedule A/B: 1.1 | \$230,000.00 | \$30,000.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-901 |
| 2003 GMC Yukon 1/2 Ton V-8 175,000 miles Paid in Full - Full Coverage Auto Insurance Line from Schedule A/B: 3.1 | \$3,825.00 | \$2,400.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c) |
| 2003 GMC Yukon 1/2 Ton V-8 175,000 miles Paid in Full - Full Coverage Auto Insurance Line from Schedule A/B: 3.1 | \$3,825.00 | \$1,425.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| 2015 Toyota RAV4 20,000 miles Current/Reaffirm - Full Coverage Auto Insurance Line from Schedule A/B: 3.2 | \$23,000.00 | \$2,400.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c) |

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Willie Thomas, Jr. Debtor 1 Rosalia Atienza Debtor 2

Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Miscellaneous used household 735 ILCS 5/12-1001(b) \$800.00 \$800.00 goods and furnishings - 4 beds, 3 dressers, 1 small dining room table, 100% of fair market value, up to 1 couch, 1 love seat, 1 coffee table, 3 any applicable statutory limit lamps Line from Schedule A/B: 6.1 3 Flat Screen TVs, 1 computers, 2 735 ILCS 5/12-1001(b) \$500.00 \$500.00 cell phones, Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit Books, Pictures, and CD's 735 ILCS 5/12-1001(b) \$250.00 \$250.00 Line from Schedule A/B: 8.1 100% of fair market value, up to any applicable statutory limit **Wearing Apparel** 735 ILCS 5/12-1001(a) \$1,000.00 \$1,000.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Miscellaneous Costume Jewelry 735 ILCS 5/12-1001(b) \$500.00 \$500.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Cash on Hand 735 ILCS 5/12-1001(b) \$40.00 \$40.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit Checking account with Harris Bank 735 ILCS 5/12-1001(b) \$2,900.00 \$1,905.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit 401(k) / Retirement plan through 735 ILCS 5/12-704 \$300.00 100% employer - 100% exempt. Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 401(k) thru Work - 100% exempt 735 ILCS 5/12-1006 \$11,000.00 \$11,000.00 Line from Schedule A/B: 21.2 100% of fair market value, up to any applicable statutory limit Whole Life Insurance policy through 735 ILCS 5/12-1001(b) \$861.90 \$861.90 Met Life - (\$861.90 cash surrender value) - co-debtor has an outstanding 100% of fair market value, up to loan against it and the adult daughter any applicable statutory limit is the insured and the co-debtor owns it and she is the beneficiary Line from Schedule A/B: 31.1

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| De | btor 2 Rosalia Atienza | Case number (if known) | | | | | |
|----|--|--|---------|---|------------------------------------|--|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | | Specific laws that allow exemption | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | |
| | Whole Life insurance policy through MetLife. Present cash surrender | \$226.96 | | \$226.96 | 215 ILCS 5/238 | | |
| | value is \$226.96 Husband is the beneficiary Line from Schedule A/B: 31.2 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Whole Life insurance policy through MetLife. Present cash surrender | \$1,328.00 | | \$1,328.00 | 735 ILCS 5/12-1001(b) | | |
| | value is \$1328.00 Adult Daughter is the beneficiary Line from Schedule A/B: 31.3 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Whole Life insurance policy through MetLife. Present cash surrender | \$360.19 | | \$360.19 | 215 ILCS 5/238 | | |
| | value is \$360.19 Wife is the beneficiary Line from Schedule A/B: 31.4 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covere | years after that for ca | ises fi | , | , | | |
| | □ No □ Yes | | | | | | |
| | L 163 | | | | | | |

| | | Document Pa | <u>ae 20 a</u> | f 64 | | |
|--|--|---|----------------|--|--|--------------------------|
| Fill in this in | nformation to identify you | ır case: | | | | |
| Debtor 1 | Willia Themas | I. | | | | |
| Deptor i | Willie Thomas, | | Name | | | |
| Debtor 2 | Rosalia Atienza | | | | | |
| (Spouse if, filing) | | | Name | | | |
| (, , , , , | | | | | | |
| United States | s Bankruptcy Court for the | NORTHERN DISTRICT OF ILLINOIS | 3 | | | |
| 0 | | | | | | |
| Case numbe | | | | | □ Chook | if this is an |
| (II KIIOWII) | | | | | | ded filing |
| | | | | | amend | aea ming |
| Official E | orm 106D | | | | | |
| | | | | | | |
| Schedu | ıle D: Creditors | s Who Have Claims Sec | cured k | by Propert | У | 12/15 |
| is needed, cop number (if kno 1. Do any cred | by the Additional Page, fill it by | | form. On the | e top of any addition | nal pages, write your na | |
| ⊔ No. C | heck this box and submit t | his form to the court with your other sched | dules. You h | ave nothing else t | o report on this form. | |
| Yes. F | Fill in all of the information | below. | | | | |
| Part 1: Li | st All Secured Claims | | | | | |
| | | | | Column A | Column B | Column C |
| for each claim. | . If more than one creditor has | more than one secured claim, list the creditor se s a particular claim, list the other creditors in Par cal order according to the creditor's name. | rt 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Toyot | a Financial | | | \$25,000,00 | ¢22.000.00 | ¢2 000 00 |
| Servic | | Describe the property that secures the cla | im: | \$25,868.00 | \$23,000.00 | \$2,868.00 |
| Servic Po Bo Cedar | a Financial ces ox 8026 · Rapids, IA 52409 | 2015 Toyota RAV4 20,000 miles Current/Reaffirm - Full Coverage Auto Insurance As of the date you file, the claim is: Check a apply. Contingent | | | | |
| Number, | Street, City, State & Zip Code | Unliquidated | | | | |
| Who owed th | an dobt? Observers | Disputed | | | | |
| | ne debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 or | | ☐ An agreement you made (such as mortgage car loan) | .ge or secured | d | | |
| Debtor 1 a | nd Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's | s lien) | | | |
| ☐ At least one | e of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if the communi | nis claim relates to a ity debt | Other (including a right to offset) | hase Mor | ney Security | | |
| Date debt was | Opened 11/14 Last Active s incurred 1/27/17 | Last 4 digits of account number | 0001 | | | |
| | | | | | | |
| Mortg | | Describe the property that secures the cla | | \$251,085.00 | \$230,000.00 | \$21,085.00 |
| Creditor's | | 3952 N. Octavia Avenue Chicago | , IL | | | |
| | n Correspondence | 60634-3516 Cook County | | | | |
| | utions | As of the date you file, the claim is: Check a | all that | | | |
| | 2302-04e- Pob | apply. | | | | |
| 10335 | | ☐ Contingent | | | | |
| | Street City State & 7in Code | □ Hallanddas d | | | | |
| number, | Street, City, State & Zip Code | Unliquidated | | | | |
| Who owes th | ne debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | | ☐ An agreement you made (such as mortgate | ane or coours: | 4 | | |
| ■ Debtor 1 or □ Debtor 2 or | • | car loan) | ge or secured | 4 | | |

☐ Debtor 1 and Debtor 2 only

☐ Statutory lien (such as tax lien, mechanic's lien)

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| Debtor 1 | Willie Thomas, Jr. | | | Case number (if know) | | |
|---|--------------------|---------------------------------------|--|-----------------------|------------------------------|--|
| | First Name | Middle Na | me Last Name | | | |
| Debtor 2 | Rosalia At | ienza | | | | |
| | First Name | Middle Na | me Last Name | _ | | |
| ☐ At least | one of the deb | tors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | | ■ Other (including a right to offset) | Mortgage | | | |
| Date debt | was incurred | Opened 08/04 Last Active 02/11 | Last 4 digits of account nur | nber <u>8104</u> | | |
| If this is | | of your form, add t | olumn A on this page. Write that nu he dollar value totals from all page: | | \$276,953.00 \$276,953.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | Document | Page 2 | 2 of 64 | |
|--|--|--|-----------------------------|---|---|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Willie Thomas, Jr. | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Rosalia Atienza | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT OF I | LLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| ~"···- | 4005/5 | | | | |
| Official For | | | | | |
| Schedule E | E/F: Creditors W | ho Have Unsecured | Claims | | 12/15 |
| Schedule G: Exect Schedule D: Crediteft. Attach the Contame and case nu | utory Contracts and Unexp tors Who Have Claims Secontinuation Page to this pag Imber (if known). | ired Leases (Official Form 106G). ured by Property. If more space is e. If you have no information to re | Do not include needed, copy | contracts on Schedule A/B: Property (C any creditors with partially secured cla the Part you need, fill it out, number th do not file that Part. On the top of any a | nims that are listed in entries in the boxes on the |
| | All of Your PRIORITY Un | | | | |
| | ors have priority unsecure | d claims against you? | | | |
| No. Go to | Part 2. | | | | |
| ☐ Yes. | | | | | |
| Part 2: List A | All of Your NONPRIORIT | Y Unsecured Claims | | | |
| Do any credit | tors have nonpriority unsec | cured claims against you? | | | |
| ☐ No. You ha | ave nothing to report in this pa | art. Submit this form to the court wit | h your other sche | edules. | |
| Yes. | | | | | |
| A List all of you | ır nonnriarity unsecured cl | aims in the alphabetical order of t | he creditor who | holds each claim. If a creditor has more | than one nonnriority |
| unsecured cla | im, list the creditor separately | / for each claim. For each claim liste | ed, identify what t | ype of claim it is. Do not list claims alread three nonpriority unsecured claims fill ou | y included in Part 1. If more |
| | | | | | Total claim |
| 4.1 Bank C | Of America | Last 4 digits of ac | count number | 8348 | \$1,477.00 |
| | ty Creditor's Name | | | | |
| | 05-03-14 • 26042 | When wee the del | -4 in a | Opened 10/07 Last Active | |
| | c 26012 sboro, NC 27410 | When was the del | ot incurred? | 09/16 | |
| | Street City State Zlp Code | As of the date you | ı file, the claim i | s: Check all that apply | |
| Who inc | urred the debt? Check one. | | | | |
| ☐ Debto | or 1 only | ☐ Contingent | | | |
| ■ Debto | or 2 only | ☐ Unliquidated | | | |
| ☐ Debto | or 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At lea | st one of the debtors and and | | RITY unsecured | l claim: | |
| ☐ Chec | k if this claim is for a comr | munity | | | |
| debt | sim aubicat to effect? | | | ration agreement or divorce that you did | not |
| | nim subject to offset? | report as priority cla | | g plans, and other similar debts | |
| ■ No | | • | • | 91 | |
| ☐ Yes | | Other. Specify | Credit Card | | |

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Debtor 1 Willie Thomas, Jr.

| Debte | or 2 Rosalia Atienza | | Case number (if know) | |
|-------|---|---|--|------------|
| 4.2 | Barclays Bank Delaware Nonpriority Creditor's Name | Last 4 digits of account number | 0535 | \$3,603.00 |
| | 100 S West St Wilmington, DE 19801 | When was the debt incurred? | Opened 07/14 Last Active 08/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | • | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.3 | Barclays Bank Delaware Nonpriority Creditor's Name | Last 4 digits of account number | 0322 | \$2,953.00 |
| | 100 S West St Wilmington, DE 19801 | When was the debt incurred? | Opened 04/10 Last Active 12/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | \square Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.4 | Barclays Bank Delaware Nonpriority Creditor's Name | Last 4 digits of account number | 7202 | \$2,370.00 |
| | 100 S West St Wilmington, DE 19801 | When was the debt incurred? | Opened 09/13 Last Active 01/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | malara and other similar to the | |
| | ■ No | ☐ Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |

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| Debtor | 2 Rosalia Atienza | | Case number (if know) | | | | | |
|--------|---|---|--|------------|--|--|--|--|
| 4.5 | Borrowersfir Nonpriority Creditor's Name | Last 4 digits of account number | 6941 | \$9,271.00 | | | | |
| | 1114 Lost Creek Boulevard Austin, TX 78746 | When was the debt incurred? | Opened 12/31/15 Last Active 12/05/16 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | | |
| | ☐ Yes | Other Specify Unsecured | | | | | | |
| 4.6 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 7033 | \$3,157.00 | | | | |
| | Attn: General Correspondence/Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 11/15 Last Active 11/16 | | | | | |
| | Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the | | e. Check all that apply | | | | | |
| | Who incurred the debt? Check one. | As of the date you me, the claim i | s. Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | _ | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | 1 claim: | | | | | |
| | At least one of the debtors and another | Student loans | | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify Credit Card | | | | | | |
| 4.7 | Capital One | Last 4 digits of account number | 6175 | \$2,941.00 | | | | |
| | Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy | When was the debt incurred? | Opened 12/07 Last Active 09/16 | | | | | |
| | Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | , , | or chook an anat apply | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | | |
| | ☐ Yes | Other Specify Credit Card | <u> </u> | | | | | |

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| | Willie Thomas, Jr. Rosalia Atienza | | Case number (if know) | | | |
|----------|--|--|---|------------|--|--|
| 4.8 | Capital One | Last 4 digits of account number | 1443 | \$1,390.00 | | |
| | Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 03/14 Last Active 01/17 | \$1,390.00 | | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin | ration agreement or divorce that you did not g plans, and other similar debts | | | |
| | Yes | ■ Other Specify Credit Card | <u> </u> | | | |
| 4.9 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 6753 | \$1,923.00 | | |
| | Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | | | | |
| • | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharing | | | | |
| | ☐ Yes | Other. Specify Credit Card | | | | |
| 4.1 0 | Cardworks/CW Nexus Nonpriority Creditor's Name | Last 4 digits of account number | 0512 | \$1,352.00 | | |
| | Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804 | When was the debt incurred? | Opened 05/16 Last Active 12/16 | | | |
| • | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plans, and other similar debts | | | |
| | ■ No □ Yes | Other. Specify Credit Card | | | | |
| | 00 | - Other. Specify | - | | | |

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| | or 2 Rosalia Atienza | | Case number (if known | w) | |
|----------|--|--|----------------------------|------------------------|------------|
| 4.1 1 | Chase Card | Last 4 digits of account number | 0119 | | \$1,864.00 |
| | Nonpriority Creditor's Name Attn: Correspondence Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 11/07 09/16 | Last Active | |
| | Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or div | vorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other simi | ilar debts | |
| | Yes | Other. Specify Credit Card | i | | |
| 4.1 2 | Check 'N Go | Last 4 digits of account number | 0791 | | \$1,815.00 |
| | Nonpriority Creditor's Name | _ | | _ | <u> </u> |
| | 100 Commercial Drive Fairfield, OH 45014-5556 | When was the debt incurred? | 2016 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | \square Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | Ü | • | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other simi | ilar debts | |
| | ☐ Yes | Other. Specify payday loa | n | | |
| 4.1 3 | Check-n-Go | Last 4 digits of account number | 3337 | | \$1,000.00 |
| | Nonpriority Creditor's Name 4634 N. Harlem Avenue | When was the debt incurred? | 2016 | | |
| | Harwood Heights, IL 60706 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | 7.5 67 11.5 44.6 764 11.6, 11.6 614.11.1 | iei eileek all allak appiy | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or div | vorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other simi | ilar debts | |
| | Yes | ■ Other. Specify payday loa | n | | |

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| | 1 Willie Thomas, Jr. 2 Rosalia Atienza | | Case number (if know) | |
|-------|---|--|--|------------|
| 4.1 | Citibank North America Nonpriority Creditor's Name | Last 4 digits of account number | 5611 | \$1,050.00 |
| | Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179 | When was the debt incurred? | Opened 09/16 Last Active 01/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 | Citibank/The Home Depot | Last 4 digits of account number | 0352 | \$516.00 |
| | Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 | When was the debt incurred? | Opened 06/14 Last Active 01/17 | |
| | S Louis, MO 63129 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | count | |
| ı • ı | Comenity Bank/Blair Nonpriority Creditor's Name | Last 4 digits of account number | 3857 | \$155.00 |
| | Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 10/15 Last Active 1/03/17 | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | No | report as priority claims Debts to pension or profit-sharin | a plans, and other similar debts | |
| | | | | |
| | Yes | Other. Specify Charge Acc | Jount | |

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| | Case number (if know) | |
|--|--|--|
| Last 4 digits of account number | 9306 | \$0.00 |
| When was the debt incurred? | 2015 | |
| As of the date you file, the claim | is: Check all that apply | |
| Continuent | | |
| | | |
| <u> </u> | | |
| 1 | d claim: | |
| ☐ Student loans | | |
| | ration agreement or divorce that you did not | |
| Debts to pension or profit-sharing | g plans, and other similar debts | |
| collecting f | or Presence Resurrection | |
| Last 4 digits of account number | 0850 | \$553.00 |
| | Opened 12/16 Last Active | |
| When was the debt incurred? | 02/17 | |
| As of the date you file, the claim | is: Check all that apply | |
| ☐ Contingent | | |
| ☐ Unliquidated | | |
| ☐ Disputed | | |
| _ | d claim: | |
| _ | | |
| | ration agreement or divorce that you did not | |
| | g plans, and other similar debts | |
| ■ Other Specify Charge Acc | count | |
| | 0424 | #0.00 |
| Last 4 digits of account number | | \$0.00 |
| When was the debt incurred? | 2015 | |
| | | |
| As of the date you file, the claim | s: Check all that apply | |
| Contingent | | |
| | | |
| | | |
| • | d claim: | |
| Student loans | | |
| ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| _ notice only | | |
| | When was the debt incurred? As of the date you file, the claim is contingent contingent collecting for the date you file, the claim is contingent collecting for the date you file, the claim is collecting for the date you file, the claim is contingent collecting for the date you file, the claim is contingent collecting for the date you file, the claim is contingent collecting for the date you file, the claim is contingent con | Last 4 digits of account number 9306 |

Debtor 1 Willie Thomas, Jr.

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| | Rosalia Atienza | | Case number (if kno | ow) | |
|-----|---|--|--------------------------|-------------------------|-------------|
| 4.2 | Kohls/Capital One | Last 4 digits of account number | 0170 | | \$793.00 |
| | Nonpriority Creditor's Name Kohls Credit Po Box 3043 Milwaukee, WI 53201 | When was the debt incurred? | Opened 08/13 01/17 | Last Active | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | y | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or d | ivorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other sim | nilar debts | |
| | Yes | Other. Specify Charge Acc | count | | |
| 4.2 | Lending Club Corp | Last 4 digits of account number | 1924 | | \$11,550.00 |
| | Nonpriority Creditor's Name 71 Stevenson St Suite 300 San Francisco, CA 94105 | When was the debt incurred? | Opened 09/15 09/16 | Last Active | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | y | |
| | Who incurred the debt? Check one. | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | J | , | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other sim | nilar debts | |
| | Yes | Other. Specify Unsecured | | | |
| 4.2 | LUMC Patient Payments | Last 4 digits of account number | 6401 | _ | \$5.15 |
| | Nonpriority Creditor's Name PO Box 3021 Milwaukee, WI 53201-3021 | When was the debt incurred? | 2016 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | у | |
| | Who incurred the debt? Check one. | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or d | ivorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other sim | nilar debts | |
| | ☐ Yes | Other. Specify medical | | | |

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| | 1 Willie Thomas, Jr. 2 Rosalia Atienza | | Case number (if know) | |
|-----|--|---|--|----------|
| 4.2 | Northwestern Medicine | Last 4 digits of account number | 1418 | \$31.77 |
| | Nonpriority Creditor's Name 28155 Network Place Chicago, IL 60673-1281 | When was the debt incurred? | 2016 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify medical bill | | |
| 4.2 | Northwestern Medicine | Last 4 digits of account number | 1418 | \$152.00 |
| | Nonpriority Creditor's Name 28155 Network Place | When was the debt incurred? | 2015 | |
| | Chicago, IL 60673-1281 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | • , | , | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify medical | | |
| 4.2 | Phillips & Cohen Associates, Ltd | Last 4 digits of account number | 3692 | \$0.00 |
| | Nonpriority Creditor's Name 1002 Justison Street Wilmington, DE 19801 | When was the debt incurred? | 2016 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | 0 0 1 | ration agreement or divorce that you did not | |
| | No | report as priority claims Debts to pension or profit-sharing | n plans, and other similar debts | |
| | — NO | notice only | | |
| | Yes | | or Barclays Bank of Delaware | |

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| | 1 Willie Thomas, Jr. 2 Rosalia Atienza | | Case number (if know) | |
|-----|--|--|--|------------|
| 4.2 | PNC Bank Credit Card | Last 4 digits of account number | 6654 | \$4,041.00 |
| | Nonpriority Creditor's Name Po Box 5570 Mailstop BR- YB58-01-5 Cleveland, OH 44101 Number Street City State Zlp Code Who incurred the debt? Check one. | When was the debt incurred? As of the date you file, the claim | Opened 08/16 Last Active 01/17 is: Check all that apply | |
| | Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ | ☐ Disputed Type of NONPRIORITY unsecured Student loans | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No | | rration agreement or divorce that you did not g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.2 | Presence Health | Last 4 digits of account number | 6169 | \$14.15 |
| | Nonpriority Creditor's Name 62314 Collection Center Drive Chicago, IL 60693-0623 Number Street City State Zlp Code | When was the debt incurred? | 2016 | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | s: Спеск ан that apply | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | Contingent | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | Type of NONPRIORITY unsecured Student loans | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify medical | | |
| 4.2 | Presence Resurrection Health Nonpriority Creditor's Name | Last 4 digits of account number | 0802 | \$88.40 |
| | 62221 Collection Center Dr. Chicago, IL 60693-0333 | When was the debt incurred? | 2016 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other Specify medical bil | <u> </u> | |

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| Rosalia Atienza | | Case number (if know) | |
|---|--|--|----------|
| Presence Resurrection Medical Cente | Last 4 digits of account number | 8125 | \$524.62 |
| Nonpriority Creditor's Name 621 17th Street, Suite 1800 | When was the debt incurred? | 2015 | |
| Denver, CO 80293 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify medical | | |
| Presence Resurrection Medical Cente | Last 4 digits of account number | 4400 | \$144.60 |
| Nonpriority Creditor's Name 621 17th Street, Suite 1800 Denver, CO 80293 | When was the debt incurred? | 2016 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify medical | | |
| RMC Emergency Physicians | Last 4 digits of account number | 6633 | \$82.00 |
| Nonpriority Creditor's Name 520 E 22nd St Lombard, IL 60148-6110 | When was the debt incurred? | 2016 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plans, and other similar debts | |
| | | א אינויים, מווע טנוופו אווווומו עבטנא | |
| Yes | Other. Specify medical | | |

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| | 2 Rosalia Atienza | | Case number (if know) | |
|-----|--|--|--|------------|
| 4.3 | RMC Emergency Physicians | Last 4 digits of account number | 6633 | \$82.00 |
| | Nonpriority Creditor's Name 520 E 22nd St | When was the debt incurred? | 2016 | |
| | Lombard, IL 60148-6110 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharir | g plans, and other similar debts | |
| | Yes | Other. Specify medical | g plans, and other similar debts | |
| 4.3 | | | | |
| 3 | Synchrony Bank/Gap Nonpriority Creditor's Name | Last 4 digits of account number | 5116 | \$459.00 |
| | Attn: Bankruptcy Po Box 956060 | When was the debt incurred? | Opened 06/15 Last Active 01/17 | |
| | Orlando, FL 32896 Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | , | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | \square Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.3 | Synchrony Bank/Sams | Last 4 digits of account number | 4457 | \$5,341.00 |
| | Nonpriority Creditor's Name Po Box 965060 Orlanda FL 22200 | When was the debt incurred? | Opened 11/02 Last Active 12/16 | |
| | Orlando, FL 32896 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , | or chook an mat apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | No | report as priority claims Debts to pension or profit-sharir | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | | |
| | | - Other, Specify | | |

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| | 1 Willie Thomas, Jr. 2 Rosalia Atienza | | Case number (if know) | |
|-----|--|--|--|------------|
| 4.3 | Synchrony Bank/TJX | Last 4 digits of account number | 1516 | \$792.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896 | When was the debt incurred? | Opened 07/14 Last Active 09/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.3 | Synchrony Bank/TJX Nonpriority Creditor's Name | Last 4 digits of account number | 2077 | \$2,187.00 |
| | Attn: Bankruptcy Po Box 956060 Orlando, FL 32896 | When was the debt incurred? | Opened 04/14 Last Active 08/16 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.3 | Synchrony Bank/Walmart Nonpriority Creditor's Name | Last 4 digits of account number | 8392 | \$5,247.00 |
| | Attn: Bankruptcy Po Box 956060 Orlando, FL 32896 | When was the debt incurred? | Opened 02/08 Last Active 08/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | ■ No | \square Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |

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| | Willie Thomas, Jr. Rosalia Atienza | | Case number (if know) | |
|--------------|---|--|---|------------|
| | United Recovery Service | Last 4 digits of account number | 6149 | \$0.00 |
| | Nonpriority Creditor's Name 18525 Torrence Ave Suite C-6 Lansing, IL 60438 | When was the debt incurred? | 2016 | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | notice only collecting to Medical | for Presence Resurrection | |
| 9 | Verizon Wireless | Last 4 digits of account number | 0001 | \$1,062.69 |
| | Nonpriority Creditor's Name PO Box 25505 Lehigh Valley, PA 18002-5505 | When was the debt incurred? | 2017 | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify cellular | | |
| 0 | Visa Dept Store National Bank/Macy's | Last 4 digits of account number | 3770 | \$440.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 8053 Mason, OH 45040 | When was the debt incurred? | Opened 06/15 Last Active 01/17 | |
| = | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Charge Acc | count | |
| | | -1 | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

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| Debtor 1 | Willie Thomas, Jr. | |
|----------|--------------------|-----------------------|
| Debtor 2 | Rosalia Atienza | Case number (if know) |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | 0.6 | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 70,427.38 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 70,427.38 |

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| | | 1700.11111 | III PAUE 37 UI 04 |
|---------------------|--------------------------|-------------------|-------------------|
| Fill in this infor | mation to identify your | case: | |
| Debtor 1 | Willie Thomas, Ji | r. | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Rosalia Atienza | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |
| Case number | | | |
| (if known) | | | |
| | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the r, Street, City, State and ZIP | e contract or lease Code | State what the contract or lease is for |
|-----|-----------|--------------|---|-----------------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | _ |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.3 | Oity | | Olale | Zii Gode | |
| 2.0 | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.5 | - iii | | Oldio | <u> </u> | |
| - | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |

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| | | Docume | ent Page 38 d | of 64 |
|-------------------------------|---|-------------------------------|-------------------------|---|
| Fill in this | information to identify your | case: | | |
| Debtor 1 | Willie Thomas, Jr | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filin | Rosalia Atienza First Name | Middle Name | Last Name | |
| | 3, | | | |
| United Stat | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case numb | per | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |
| Official | Form 106H | | | |
| Sched | ule H: Your Cod | ebtors | | 12/15 |
| 50110 4 | dio III. I odi oda | | | 1210 |
| our name | nd number the entries in the and case number (if known) you have any codebtors? (If) | . Answer every question | ı. | o this page. On the top of any Additional Pages, write as a codebtor. |
| _ | | | | |
| ■ No | | | | |
| ☐ Yes | | | | |
| | nin the last 8 years, have you a, California, Idaho, Louisiana, | | | y? (Community property states and territories include ington, and Wisconsin.) |
| | Go to line 3. | | | |
| ⊔ Yes | . Did your spouse, former spou | ise, or legal equivalent live | e with you at the time? | |
| in line Form 1 | 2 again as a codebtor only if | f that person is a guaran | itor or cosigner. Make | if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fil |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZI | P Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| 1 | Number Street | | | _ |
| (| City | State | ZIP Code | |
| 3.2 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| 1 | Number Street | | | _ |
| | City | State | ZIP Code | |

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| Fill in this information to identify your case: | |
|---|--|
| Debtor 1 Willie Thomas, Jr. | |
| Debtor 2 Rosalia Atienza (Spouse, if filing) | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | |
| Case number (If known) | Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter |
| | 13 income as of the following date: |
| Official Form 106I | MM / DD/ YYYY |
| Schedule I: Your Income | 12/15 |

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. Employed ■ Employed If you have more than one job, **Employment status** attach a separate page with ☐ Not employed ■ Not employed information about additional employers. Occupation **Material Handler** Clerk Include part-time, seasonal, or **Employer's name** Johnson & Quin **First Data** self-employed work. **Employer's address** Occupation may include student 7460 Lehigh Ave 8430 W. Bryn Mawr or homemaker, if it applies. Niles, IL 60714 Carol Stream, IL 60132 How long employed there? 1 year 12 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 2,461.00 \$ 3,992.00

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 2,461.00 \$ 3,992.00

Official Form 106I Schedule I: Your Income page 1

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| | tor 1 tor 2 | Willie Thomas, Jr. Rosalia Atienza | | (| Case | number (<i>if known</i>) | | | | |
|-----|----------------|--|-------------|-----|------------|----------------------------|------------|-----------|-------------|--|
| | | | | | | Debtor 1 | | or Debtor | spouse | |
| | Cop | y line 4 here | 4. | | \$ | 2,461.00 | \$ | 3 | ,992.00 | <u>)</u> |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ١. | \$ | 377.00 | \$ | | 872.00 |) |
| | 5b. | Mandatory contributions for retirement plans | 5b | ٠. | \$ | 0.00 | \$ | | 0.00 |) |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | \$ | 0.00 | \$ | | 0.00 | <u>) </u> |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$ | 0.00 | \$ | | 0.00 | |
| | 5e. | Insurance | 5e | | \$_ | 11.00 | \$ | | 321.00 | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ \$ | 0.00 | \$ | | 0.00 | _ |
| | 5g. 5h. | Union dues Other deductions. Specify: | 5g. 5h. | | \$ \$ | 0.00 | \$ + \$ | | 0.00 | _ |
| 6 | | | _ | | Ψ— \$ | | | | | _ |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | · — | 388.00 | \$ | | ,193.00 | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 2,073.00 | \$ | 2 | ,799.00 | <u>)</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | | \$ | 0.00 | \$ | | 0.00 | |
| | 8b. | Interest and dividends | 8b | ١. | \$ | 0.00 | \$ | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | \$ | 0.00 | \$ | | 0.00 |) |
| | 8d. | Unemployment compensation | 8d | l. | \$ | 0.00 | \$ | | 0.00 |) |
| | 8e. | Social Security | 8e | ٠. | \$ | 0.00 | \$ | | 0.00 |) |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | _ 8f. 8g | ١. | \$_ \$_ | 0.00 | \$ | | 0.00 |) |
| | 8h. | Other monthly income. Specify: | _ 8h | .+ | \$_ | 0.00 | + \$ | | 0.00 | <u>)</u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | 9 | <u> </u> | 0.00 | \$ | | 0.0 | 00 |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | : | 2,073.00 + \$ | : | 2,799.00 | = \$ | 4,872.00 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depe | | | • | • | n Schedul | e J. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The result in the summary of Schedules and Statistical Summary of Certain ies | | | | | | | \$ | 4,872.00 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form? | , | | | | | | Combi | ined ly income |
| | | No. Yes, Explain: | | | | | | | | |

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| ENI SA | Alaia informa | tion to inlantify | | | | i | | | |
|------------------------|--|--|--|--|---|-------------------|-------------------|----------------------------------|-------|
| | tnis informa | tion to identify yo | our case: | | | | | | |
| Debto | r 1 | Willie Thoma | as, Jr. | | | Check if this is: | | | |
| Debto | ır 2 | Rosalia Atie | nza | | | | | iing showing postpetition cha | apter |
| (Spou | se, if filing) | Trocana 7 tilo | | | | _ | | s of the following date: | |
| United | d States Bankr | ruptcy Court for the | : NORTH | ERN DISTRICT OF ILLIN | OIS | | MM / DD / YYY | Ύ | |
| Case (If kno | number | | | | | | | | |
| (II KIIC | owii) | | | | | | | | |
| Off | icial Fo | rm 106J | | | | | | | |
| Sc | hedule | J: Your | Exper | ises | | | | | 12/1 |
| Be as infor numl | s complete mation. If m ber (if know | and accurate as lore space is ne n). Answer evel | s possible. eded, atta ry question | If two married people arch another sheet to this | | | | | |
| Part 1 | 1: Descri Is this a joir | ibe Your House | hold | | | | | | |
| | □ No. Go to | | | | | | | | |
| | | s Debtor 2 live | in a separ | ate household? | | | | | |
| | ■ N | | • | | | | | | |
| | | • | st file Offici | al Form 106J-2, <i>Expense</i> s | for Separate House | ehold of De | ebtor 2. | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debto | | Dependent's | Does dependent live with you? | |
| | Do not state | the | | | | | | □ No | |
| | dependents | names. | | | | | | Pes | |
| | | | | | | | | □ No □ Yes | |
| | | | | | - | | | D ves | |
| | | | | | | | | □ Yes | |
| | | | | | | | | □ No | |
| 3. | Do your eyr | enses include | _ | | | | | Pes | |
| _ | expenses o | f people other t | han 👝 | No | | | | | |
| | yourself and | d your depende | nts? □ | Yes | | | | | |
| | nate your ex | | our bankrı | uptcy filing date unless y | | | | | |
| | cable date. | a date after the i | pankruptc ₎ | y is filed. If this is a supp | iementai S <i>chedule</i> | e J, cneck | the box at the to | op of the form and fill I | n tne |
| | | | | government assistance it | | | | | |
| (Offic | cial Form 10 | 161.) | | | | | Your | expenses | |
| | | or home owners | | ses for your residence. In | nclude first mortgage | e 4. | \$ | 1,788.00 | |
| | If not includ | led in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 | |
| | • | rty, homeowner's | | | | 4b. | · | 0.00 | |
| | | maintenance, re owner's associat | | ipkeep expenses | | 4c. 4d. | : | 0.00 | |
| | | | | our residence, such as ho | me equity loans | 4u. 5. | | 0.00 0.00 | |

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| | otor 1 otor 2 | Willie Th Rosalia | nomas, Jr. Atienza | Case num | ber (if known) | |
|-----|------------------|---|--|--|---------------------------------------|------------------------------|
| 6. | Utilit | ies: | | | | |
| | 6a. | Electricity, | , heat, natural gas | 6a. | \$ | 280.00 |
| | 6b. | Water, sev | wer, garbage collection | 6b. | \$ | 65.00 |
| | 6c. | Telephone | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 320.00 |
| | 6d. | Other. Spe | ecify: | 6d. | \$ | 0.00 |
| 7. | Food | d and hous | ekeeping supplies | 7. | \$ | 600.00 |
| 8. | Child | dcare and c | children's education costs | 8. | \$ | 0.00 |
| 9. | Cloth | hing, laund | ry, and dry cleaning | 9. | \$ | 125.00 |
| 10. | Pers | onal care p | products and services | 10. | \$ | 65.00 |
| 11. | Medi | ical and de | ntal expenses | 11. | \$ | 80.00 |
| 12. | | | . Include gas, maintenance, bus or train fare. | 12. | \$ | 320.00 |
| 10 | | | ar payments. | | · | |
| | | | clubs, recreation, newspapers, magazines, and books | 13. | · - | 100.00 |
| | | | ributions and religious donations | 14. | \$ | 0.00 |
| 15. | | rance. ot include in | nsurance deducted from your pay or included in lines 4 or 20 | 1 | | |
| | | Life insura | , , , | 7. 15a. | \$ | 252.00 |
| | | Health ins | | 15b. | · | 0.00 |
| | | Vehicle in: | | 15c. | · · · · · · · · · · · · · · · · · · · | 264.00 |
| | | | rance. Specify: | 15d. | · | 0.00 |
| 16 | | | nclude taxes deducted from your pay or included in lines 4 or | | Ψ | 0.00 |
| | Spec | eify: | , , , | 16. | \$ | 0.00 |
| 17. | | | ease payments: | 170 | ¢ | 570.00 |
| | | | ents for Vehicle 1 | 17a. | · | 579.00 |
| | | | ents for Vehicle 2 | 17b. | · | 0.00 |
| | | Other. Spe | - | 17c. | · | 0.00 |
| 40 | | Other. Spe | | 17d. | \$ | 0.00 |
| 18. | | | of alimony, maintenance, and support that you did not your pay on line 5, Schedule I, Your Income (Official Fo | | \$ | 0.00 |
| 19 | | | s you make to support others who do not live with you. | iiii 100i). | \$ | 0.00 |
| | Spec | | you make to cuppert outsite who up not not will your | 19. | Ψ | 0.00 |
| 20. | | | erty expenses not included in lines 4 or 5 of this form o | | our Income. | |
| | | | s on other property | 20a. | | 0.00 |
| | | Real estat | | 20b. | · - | 0.00 |
| | 20c. | Property, I | homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | | | nce, repair, and upkeep expenses | 20d. | · | 0.00 |
| | | | er's association or condominium dues | 20e. | - | 0.00 |
| 21. | | r: Specify: | | | +\$ | 0.00 |
| | | | | | | |
| 22. | | - | monthly expenses | | | |
| | | | through 21. | | \$ | 4,838.00 |
| | 22b. | Copy line 2 | 2 (monthly expenses for Debtor 2), if any, from Official Forn | n 106J-2 | \$ | |
| | 22c. | Add line 22 | a and 22b. The result is your monthly expenses. | | \$ | 4,838.00 |
| 23. | Calc | ulate your | monthly net income. | | | |
| | 23a. | Copy line | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 4,872.00 |
| | 23b. | Copy your | monthly expenses from line 22c above. | 23b. | -\$ | 4,838.00 |
| | 23c. | | rour monthly expenses from your monthly income. | 23c. | \$ | 34.00 |
| 24. | For exmodifi | ou expect a xample, do yo ication to the o. | an increase or decrease in your expenses within the year or do you expect to finish paying for your car loan within the year or do you terms of your mortgage? | ar after you file this expect your mortgage | s form? payment to increa | ase or decrease because of a |
| | ☐ Ye | es. | Explain here: | | | |

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| | | | | | _ |
|---------------------|---------------------------|--------------------------|----------------|-------------------------------------|--|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Willie Thomas, Jr | r. | | | |
| | First Name | Middle Name | La | st Name | |
| Debtor 2 | Rosalia Atienza | | | | |
| (Spouse if, filing) | First Name | Middle Name | La | st Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLINC | ols | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| 000 - 1 - | 4005 | | | | |
| Official For | m 106Dec | | | | |
| Declarat | tion About a | an Individua | I Debt | or's Schedules | 12/15 |
| | | | | | |
| f two married p | eople are filing togethe | r, both are equally resp | onsible for | supplying correct information. | |
| | | | | | |
| | | | | | atement, concealing property, or 000, or imprisonment for up to 20 |
| | 18 U.S.C. §§ 152, 1341, 1 | | iiki upicy cas | se carriesuit in fines up to \$250, | ood, or imprisonment for up to 20 |
| , | | , | | | |
| | | | | | |
| Sig | n Below | | | | |
| | | | | | |
| Did you pa | ay or agree to pay some | eone who is NOT an atte | orney to help | you fill out bankruptcy forms? | |
| ■ No | | | | | |
| □ Ves | Name of person | | | Attach Ra | ankruptcy Petition Preparer's Notice, |
| ☐ 163. | Traine or person | | | | on, and Signature (Official Form 119) |
| | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | | | |
| | | that I have read the su | mmary and | schedules filed with this declara | tion and |
| mai mey ar | re true and correct. | | | | |
| X /s/ Wil | lie Thomas, Jr. | | Х | /s/ Rosalia Atienza | |
| | Thomas, Jr. | | | Rosalia Atienza | |
| Signatu | re of Debtor 1 | | | Signature of Debtor 2 | |

Date February 28, 2017

Date **February 28, 2017**

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| Fill in | this inform | nation to identify you | . case. | | | |
|------------------|-----------------------|--|--|---|--|---|
| Debto | | Willie Thomas, J | | | | |
| | | First Name | Middle Name | Last Name | | |
| Debto (Spouse | or 2 e if, filing) | Rosalia Atienza First Name | Middle Name | Last Name | | |
| | | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Cooo | number | | | | | |
| (if know | _ | | | | | Check if this is an Imended filing |
| Stat | ement | | | duals Filing for E | Sankruptcy equally responsible for sup | 4/16 |
| inform | ation. If m | | attach a separate sheet to | | y additional pages, write you | |
| Part 1 | Give D | etails About Your Ma | rital Status and Where Yo | u Lived Before | | - |
| 1. W | /hat is you | r current marital statu | s? | | | |
| | Married Not mar | ried | | | | |
| 2. D | uring the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No ■ Yes. Lis | t all of the places you li | ved in the last 3 years. Do n | ot include where you live nov | v. | |
| Ι | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ddress: | Dates Debtor 2 lived there |
| | | | | | nity property state or territory ico, Texas, Washington and W | |
| • | No | | | | | |
| | Yes. Ma | ke sure you fill out Sch | nedule H: Your Codebtors (C | official Form 106H). | | |
| Part 2 | Explai | n the Sources of You | r Income | | | |
| F | ill in the tota | al amount of income yo | u received from all jobs and | ng a business during this y all businesses, including part re together, list it only once u | | ndar years? |
| |] No | | | | | |
| | Yes. Fil | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$4,050.67 | ■ Wages, commissions, bonuses, tips | \$6,349.18 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

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Willie Thomas, Jr. Debtor 1 Debtor 2 Rosalia Atienza Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$25,559.56 \$47.909.44 Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$20,702.93 \$38,806.06 Wages, commissions. Wages, commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address** Amount you Dates of payment **Total amount** Was this payment for ... still owe paid

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| | | Thomas, Jr. a Atienza | | Cas | se number (if know | n) | | | | | |
|-----|--|---|---|---|---|------------------------------------|---|--|--|--|--|
| 7. | Insiders include of which you are | pefore you filed for bankrupt your relatives; any general pa e an officer, director, person in operate as a sole proprietor. 1 | artners; relatives of any gen n control, or owner of 20% o | eral partners; partners partners or more of their votin | erships of which g g securities; and | you are a genera any managing a | al partner; corporations agent, including one fo | | | | |
| | ■ No □ Yes. List a | ıll payments to an insider. | | | | | | | | | |
| | Insider's Nam | e and Address | Dates of payment | Total amount paid | Amount you still owe | | this payment | | | | |
| 8. | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an nsider? nclude payments on debts guaranteed or cosigned by an insider. | | | | | | | | | | |
| | ■ No | Il manuscrata ta ancincidan | | | | | | | | | |
| | | all payments to an insider ne and Address | Dates of payment | Total amount paid | Amount you still owe | | this payment | | | | |
| Pai | rt 4: Identify | Legal Actions, Repossession | ns, and Foreclosures | paid | Still Owe | molade cred | iitoi 3 fiame | | | | |
| 9. | List all such ma modifications, a | pefore you filed for bankrupt tters, including personal injury and contract disputes. the details. | | | | | | | | | |
| | Case title Case number | | Nature of the case | Court or agency | , | Status of th | ne case | | | | |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. | | | | | | | | | | |
| | ■ No. Go to □ Yes. Fill in | line 11. the information below. | | | | | | | | | |
| | Creditor Nam | e and Address | Describe the Property | | | Date Value of | | | | | |
| | | | Explain what happened | d | | | property | | | | |
| 11. | accounts or re | before you filed for bankrup fuse to make a payment bec the details. | | luding a bank or fi | nancial institutio | on, set off any a | amounts from your | | | | |
| | | e and Address | Describe the action the | creditor took | Dat take | e action was | Amount | | | | |
| 12. | court-appointe | pefore you filed for bankrupt ed receiver, a custodian, or a | | erty in the possess | sion of an assigr | nee for the bend | efit of creditors, a | | | | |
| | ■ No □ Yes | | | | | | | | | | |
| Pai | t 5: List Cert | ain Gifts and Contributions | | | | | | | | | |
| 13. | ■ No | before you filed for bankrup the details for each gift. | otcy, did you give any gift | s with a total value | of more than \$6 | 600 per person | ? | | | | |
| | | otal value of more than \$600 | Describe the gifts | | | es you gave gifts | Value | | | | |
| | Person to Wh Address: | om You Gave the Gift and | | | | | | | | | |

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Debtor 1 Willie Thomas, Jr.

| Deb | otor 2 Rosalia Atienza | | | Case number (| if known) | |
|-----|--|--------------------------|---|-----------------------------------|-----------------------------------|--------------------------|
| 14. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co | | | ns with a tota | I value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Describe what you contributed | | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? | tcy or | since you filed for bankruptcy, did y | ou lose anyt | hing because of thef | t, fire, other disaster, |
| | ■ No | | | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | | Descri | be any insurance coverage for the l | oss | Date of your | Value of property |
| | | | the amount that insurance has paid. Loce claims on line 33 of Schedule A/B: | | loss | lost |
| Par | t 7: List Certain Payments or Transfers | | | | | |
| | □ No ■ Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Law Offices of Joseph P. Doyle | | Description and value of any prop transferred | Date payment or transfer was made | Amount of payment \$950.00 | |
| | 105 S. Roselle Rd. Suite 203 Schaumburg, IL 60193 | | 4000.00 | | | , |
| | Within 1 year before you filed for bankrup promised to help you deal with your credi Do not include any payment or transfer that y No Yes. Fill in the details. | tors o | r to make payments to your creditor | | r transfer any propei | rty to anyone who |
| | Person Who Was Paid Address | | Description and value of any prop transferred | erty | Date payment or transfer was made | Amount of payment |
| | Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have already No | busin made a | ess or financial affairs? as security (such as the granting of a s | | | |
| | Person Who Received Transfer | Description and value of | ribe any property or Date trans | | | |
| | Address | | Description and value of property transferred | | received or debts | Date transfer was made |
| | Person's relationship to you | | | | | |

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Debtor 1 Willie Thomas, Jr.

| Del | btor 2 Rosalia Atienza | | Case number (if known) | | | | | | | |
|-----|--|--|---|-------------|---|---|--|--|--|--|
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes Fill in the details. | | cy, did you transfer any property to a self-settled trust or similar device of which you are a ection devices.) | | | | | | | |
| | Name of trust | Description and | value of the pro | perty trans | sferred | Date Transfer was | | | | |
| Par | rt 9: List of Cortain Einancial Accounts In | atrumenta Safa Danas | it Boyos and St | orogo Uni | 40 | made | | | | |
| | List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your | | | | | | | | | |
| 20. | within 1 year before you filed for bankruptor sold, moved, or transferred? Include checking, savings, money market, whouses, pension funds, cooperatives, asso No Yes, Fill in the details. | or other financial accou | ınts; certificates | of depos | | | | | | |
| | — 105.1 iii iii tilo detailo. | l and A dimits of | Towns of some | | Data assessmt was | l aat balansa | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | | | |
| | PNC Bank One NCC Parkway Mail Code Z1-YB43-02-1 Kalamazoo, MI 49009 | xxxx- | ☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other | | Debtors closed out their personal checking and savings account with PNC Bank in 2016. | \$0.00 | | | | |
| | Harris CLC 3800 Gold Rd, Suite 300 PO Box 5038 Rolling Meadows, IL 60008-5038 | xxxx- | ☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other | | Debtors closed out their savings account with Harris Bank in 2016. | \$0.00 | | | | |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed fo | r bankruptcy, aı | ny safe de | posit box or other depos | tory for securities, | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | | Address (Number, Street, City, | | the contents | Do you still have it? | | | | |
| 22. | Have you stored property in a storage unit | or place other than you | r home within 1 | year befo | re you filed for bankrupto | y? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? | | | | |
| Par | rt 9: Identify Property You Hold or Control | for Someone Else | | | | | | | | |
| 23. | Do you hold or control any property that so for someone. | | lude any proper | ty you bor | rowed from, are storing f | or, or hold in trust | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City, Code) | | Describe | the property | Value | | | | |

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Willie Thomas, Jr. Debtor 2 Rosalia Atienza

Case number (if known)

| Part 10: | Give Details A | bout Environmental | Information |
|----------|----------------|--------------------|-------------|

| For | the purpose of Part 10, the following definitions | з арріу: | | | | | |
|-----|---|---|---------------------------------------|--------------------|--|--|--|
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of wher | n they occurred. | | | | |
| 24. | Has any governmental unit notified you that yo | u may be liable or potentially liable | under or in violation of an environme | ental law? | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or admini | strative proceeding under any envi | ironmental law? Include settlements a | and orders. | | | |
| | ■ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Par | t 11: Give Details About Your Business or Cor | nnections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing execu | tive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting of | r equity securities of a corporation | | | | | |
| | ■ No. None of the above applies. Go to Part | 12. | | | | | |
| | Yes. Check all that apply above and fill in | the details below for each business | S. | | | | |
| | Business Name De | escribe the nature of the business | Employer Identification number | • | | | |

Address

Name of accountant or bookkeeper

(Number, Street, City, State and ZIP Code)

Do not include Social Security number or ITIN.

Dates business existed

Case 17-06114 Doc 1 Filed 02/28/17 Entered 02/28/17 21:49:19 Desc Main Page 50 of 64 Document Willie Thomas, Jr. Debtor 1 Debtor 2 Rosalia Atienza Case number (if known) 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. **Date Issued** Name Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Rosalia Atienza /s/ Willie Thomas, Jr. Willie Thomas, Jr. Rosalia Atienza Signature of Debtor 1 Signature of Debtor 2 Date February 28, 2017 Date February 28, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Debtor 1 | Willie Thomas, J | r. | | |
|------------------------|------------------|-------------|-----------|----------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Rosalia Atienza | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| Case number (if known) | | | | ☐ Check if this is a |
| | | | | amended filing |

Statement of intention for individuals riling under Chapter *i*

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the

| Identify the credit | tor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C |
|-----------------------------|---|--|--|
| Creditor's Toy name: | ota Financial Services | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| property | 2015 Toyota RAV4 20,000 miles Current/Reaffirm - Full Coverage Auto Insurance | ■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]: | ■ Yes |
| Creditor's Wel name: | Is Fargo Home Mortgage | ☐ Surrender the property. ☐ Retain the property and redeem it. | □No |
| property | 3952 N. Octavia Avenue Chicago, IL 60634-3516 Cook County | ■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]: | ■ Yes |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

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| | illie Thomas, Jr. osalia Atienza | | Case number (if known) |
|----------------------------------|--|----------------------|--|
| Lessor's name |). | | |
| Description of | | | □ No |
| Property: | | | ☐ Yes |
| Lessor's name | | | □ No |
| Description of Property: | leased | | ☐ Yes |
| Lessor's name | | | □ No |
| Description of Property: | leased | | ☐ Yes |
| Lessor's name | | | □ No |
| Property: | leased | | ☐ Yes |
| Lessor's name | | | □ No |
| Description of Property: | leased | | ☐ Yes |
| Lessor's name | | | □ No |
| Description of Property: | leased | | ☐ Yes |
| Lessor's name | | | □ No |
| Description of Property: | leased | | ☐ Yes |
| Part 3: Sign | n Below | | |
| Under penalty property that i | of perjury, I declare that I have indicated n is subject to an unexpired lease. | ny intention about a | t any property of my estate that secures a debt and any personal |
| | e Thomas, Jr. | | /s/ Rosalia Atienza |
| | /illie Thomas, Jr. | | Rosalia Atienza |
| Signature | e of Debtor 1 | S | Signature of Debtor 2 |
| Date | February 28, 2017 | Date | February 28, 2017 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-06114 Doc 1 Filed 02/28/17 Entered 02/28/17 21:49:19 Desc Main Document Page 57 of 64

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In | Willie Thomas, Jr. | | Case No. | | | |
|-----|---|--|--|--|--|--|
| 111 | n re Rosalia Atienza | Debtor(s) | Chapter | 7 | | |
| | DIGGLOGUPE OF COMPEN | | | EDTOD (C) | | |
| | DISCLOSURE OF COMPEN | NSATION OF ATTO | RNEY FOR DE | EBTOR(S) | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filin be rendered on behalf of the debtor(s) in contemplation of | g of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to | | |
| | For legal services, I have agreed to accept | | \$ | 950.00 | | |
| | Prior to the filing of this statement I have received | | \$ | 950.00 | | |
| | Balance Due | | \$ | 0.00 | | |
| 2. | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed compe | ensation with any other person | unless they are mem | bers and associates of my law firm. | | |
| | ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name | | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to re- | return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | |
| | a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of credito d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hour | ement of affairs and plan which its and confirmation hearing, an educe to market value; exe ns as needed; preparation | nay be required; and any adjourned hea emption planning; | rings thereof; preparation and filing of | | |
| 5. | By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis any other adversary proceeding. | | | es, relief from stay actions or | | |
| | | CERTIFICATION | | | | |
| thi | I certify that the foregoing is a complete statement of any is bankruptcy proceeding. | agreement or arrangement for | payment to me for r | epresentation of the debtor(s) in | | |
| | February 28, 2017 | /s/ Joseph P. Doy | ⁄le | | | |
| | Date | Joseph P. Doyle | 6277393 | | | |
| | | | seph P. Doyle LLC | ; | | |
| | | 105 S. Roselle Ro | oad, Suite 203 | | | |
| | | Schaumburg, IL (847-985-1100 Fa joe@fightbills.co | x: 847-985-1126 | | | |
| | | Name of law firm | | | | |

Case 17-06114 Doc 1 Filed 02/28/17 Entered 02/28/17 21:49:19 Page 58 of 64 (Effective Aug. 1, 2015) BANKRUPTCY CONTRACT NON-DISCHARGEABLE UNSECURED DEBTS Tax SECURED DEBTS Student Loans _____ 3010 Mortgage Arrears Gov't. Fines Mortgage Balance _ Child Support Car Balance Car #2 Balance ___ Loans _ TOTAL non-disch. 🖠 🕏 TOTAL UNSECURED'S **TOTAL** Chapter 7 - eliminates dischargeable unsecured debts. Certain debts max not be dischargeable. 1) Today you paid us \$ 320 as your retainer on our total attorney's fee of \$ your balance of S _______ to four (4) installments of _______ before as your retainer on our total attorney's fee of \$ 2) Today you paid us \$ more prior to your case being filed. Client agrees that \$335.00 filing fee is a separate cost and is not included in the agreed legal fee. Client agrees that the \$40.00 fee for the credit report (per person) is a separate cost and is not included in the agreed legal fee. Client agrees that () TIMELY PAYMENT - Client will pay in full prior to the last payment date; 2) REFUNDS - If client decides to discontinue legal services at any time, client is only entitled to a refund or unearned fees. Firm will take about 30 days to do an accounting and issue a refund check. Firm's hourly rate is \$250 per hour for purposes of determining what refund client is entitled to in the event that client discharges Firm as client's attorney. In order to discharge Firm, client must submit a written request. 3) COLLECTIONS - Client agrees that if Firm is unable to collect its fees through the terms stated in this contract, Firm will be forced to refer your account to collections. Client is liable for all attorney's fees and costs incurred to collect the debt, including court costs, which will amount to no less than \$400.00. 4) LAW CHANGES - Firm's advice to client is subject to changes in applicable State and Federal laws. Client agrees to hold Firm harmless for damages related to changes in the law that affect client's ability to qualify for bankruptcy relief or to discharge debts within a bankruptcy case. The law may change any day and Firm is not responsible for any delay. Pay in full immediately so Firm can get client's case filed or risk that changes in laws or court decisions will change the advice we give client. 5) RESCISSIONS - Once client reaffirms a debt, client may only rescind the reaffirmation agreement by sending a written request, certified mail, return receipt requested, to Firm no less than two weeks prior to the bar date for rescissions. 6) STATE LAW PROCEEDINGS - Client has been advised by Firm that Firm will not represent client in ANY state law matter, including, but not limited to, divorce proceedings, civil lawsuits, or contempt proceedings. Client is hereby advised to appear at any and all state court proceedings, unless specifically advised otherwise in writing. 7) ADDITIONAL FEES - Client will be charged, and agrees to pay, additional fees for a) Failing to list debts by the time of filing that later have to be added to client's bankruptcy documents. The court charges \$30 to amend a petition. b) Missing court date. Client must attend a meeting of creditors approximately four weeks after client's case is filed. Firm still has to appear even if client does not, so Firm charges \$150 additional fee for any missed court date. Client agrees to call Firm three weeks after client's case has been filed to obtain the section 341 meeting date if client has not received notice of the meeting. c) Adversary objections to discharge based on fraudulent use on credit cards or other discharge issues. Firm's fee for negotiating a settlement is approximately \$300 to be paid in advance of settlement. Firm's fee for litigating a discharge issue is \$200 per hour, ten hours to be paid in advance. d) Delays - If client delays in paying the fees, returning the petition or in providing information to Firm, including appraisals, titles, bank account information. Firm reserves the right to charge additional fees which will amount to no less than \$100. e) Lien avoidance - Client agrees that the above quote fee does not include services provided to avoid judgment liens (\$250) _____, non-purchase money security interests (\$200) to be paid prior to Firm drafting the motion. Client understands and agrees that if client does not pay the fee the firm will not bring the motion and the lien will survive the bankruptcy. f) Bounced checks - Client agrees to pay a \$25 bounced check fee for any checks not honored by client's bank. 8) FULL DISCLOSURE -Client agrees to fully disclose all financial information to Firm. Client agrees to disclose all of assets and debts and understands that it is a Federal crime to omit a creditor or other information from a bankruptcy petition.

X WING MAN DATE 8-11-20 RECORD # 5939

X DATE 8-11-20 RECORD # 593

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United States Bankruptcy Court Northern District of Illinois

| In re | Willie Thomas, Jr. Rosalia Atienza | | Case No. | |
|-------|--|---|-----------------|---------------------------|
| | Troduid Ation2d | Debtor(s) | Chapter | 7 |
| | | | | |
| | VE | CRIFICATION OF CREDITOR M. | ATRIX | |
| | | Number of 0 | Creditors: _ | 42 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credito | ors is true and | correct to the best of my |
| Date: | February 28, 2017 | /s/ Willie Thomas, Jr. Willie Thomas, Jr. | | |
| | | Signature of Debtor | | |
| Date: | February 28, 2017 | /s/ Rosalia Atienza | | |
| | | Rosalia Atienza | | |
| | | Signature of Debtor | | |

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Barclays Bank Delaware 100 S West St Wilmington, DE 19801

Barclays Bank Delaware 100 S West St Wilmington, DE 19801

Barclays Bank Delaware 100 S West St Wilmington, DE 19801

Borrowersfir 1114 Lost Creek Boulevard Austin, TX 78746

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Cardworks/CW Nexus Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804 Chase Card Attn: Correspondence Po Box 15298 Wilmington, DE 19850

Check 'N Go 100 Commercial Drive Fairfield, OH 45014-5556

Check-n-Go 4634 N. Harlem Avenue Harwood Heights, IL 60706

Citibank North America Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179

Citibank/The Home Depot Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 S Louis, MO 63129

Comenity Bank/Blair Po Box 182125 Columbus, OH 43218

Creditors Collection Bureau PO Box 63 Kankakee, IL 60901-0063

Fingerhut 6250 Ridgewood Rd St Cloud, MN 56303

Harris & Harris 111 W. Jackson Blvd. Suite 400 Chicago, IL 60604-4135

Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201 Lending Club Corp 71 Stevenson St Suite 300 San Francisco, CA 94105

LUMC Patient Payments PO Box 3021 Milwaukee, WI 53201-3021

Northwestern Medicine 28155 Network Place Chicago, IL 60673-1281

Northwestern Medicine 28155 Network Place Chicago, IL 60673-1281

Phillips & Cohen Associates, Ltd 1002 Justison Street Wilmington, DE 19801

PNC Bank Credit Card Po Box 5570 Mailstop BR- YB58-01-5 Cleveland, OH 44101

Presence Health 62314 Collection Center Drive Chicago, IL 60693-0623

Presence Resurrection Health 62221 Collection Center Dr. Chicago, IL 60693-0333

Presence Resurrection Medical Cente 621 17th Street, Suite 1800 Denver, CO 80293

Presence Resurrection Medical Cente 621 17th Street, Suite 1800 Denver, CO 80293

RMC Emergency Physicians 520 E 22nd St Lombard, IL 60148-6110

RMC Emergency Physicians 520 E 22nd St Lombard, IL 60148-6110

Synchrony Bank/Gap Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/Sams Po Box 965060 Orlando, FL 32896

Synchrony Bank/TJX Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/TJX Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Toyota Financial Services Toyota Financial Services Po Box 8026 Cedar Rapids, IA 52409

United Recovery Service 18525 Torrence Ave Suite C-6 Lansing, IL 60438

Verizon Wireless PO Box 25505 Lehigh Valley, PA 18002-5505

Visa Dept Store National Bank/Macy's Attn: Bankruptcy Po Box 8053 Mason, OH 45040

Wells Fargo Home Mortgage Written Correspondence Resolutions Mac#2302-04e- Pob 10335 Des Moines, IA 50306